



DEFENSE COUNTERINTELLIGENCE AND SECURITY AGENCY

27130 TELEGRAPH ROAD
QUANTICO, VA 22134-2253

November 6, 2019

MuckRock
Dept MR 38669
411A Highland Ave.
Somerville, MA 02144-2516

Control Number: DCSA-Q 020-063

Dear Ms. Best,

This is in response to your Freedom of Information and Privacy Act request referred to Defense Counterintelligence and Security Agency (DCSA) from the Federal Bureau of Investigation (FBI). The referral (FOIA/PA Control Number 1377753-000) was received in our office November 6, 2019.

Enclosed are documents responsive to your request. In an effort to provide you with the greatest degree of access authorized by law, we have considered this material under the Freedom of Information Act (FOIA), Title 5 U.S.C. § 552 and Privacy Act of 1974, Title 5 U.S.C. § 552a.

Our office reviewed the enclosed documents in which all documents are being released to you with redactions. DCSA withheld information in accordance with FOIA exemptions (b)(6), and (b)(7)(C). Exemptions (b)(6) and (b)(7)(C) are used to protect information that could reasonably be expected to cause an unwarranted invasion of privacy.

You have the right to appeal this response by submitting a written request to the Defense Counterintelligence and Security Agency; ATTN: Office of General Counsel; 27130 Telegraph Road; Quantico, VA 22134. Clearly mark the outside of the envelope and your written appeal letter "Privacy/FOIA Appeal". Your appeal must be received by DCSA within ninety (90) calendar days from the date of this letter to be considered timely. Your written appeal should include the reasons why the requested information should be released and why this action may be in error. Include with your appeal a copy of your original request and this response letter.

Please contact the FBI for information regarding redactions made and denoted by them.

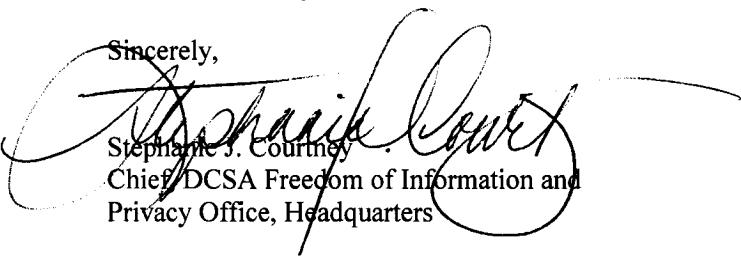
The Office of Government Information Services (OGIS) was created to offer mediation services to resolve disputes between FOIA requesters and federal agencies as a non-exclusive alternative to litigation. You may contact OGIS in any of the following ways:

U.S. National Archives and Records Administration
Office of Government Information Services
8601 Adelphi Road – OGIS
College Park, MD 20740-6001

Telephone: (202) 741-5770
Toll-Free: 1-877-684-6448
Fax: 202-741-5769
Email: ogis@nara.gov

If you have any questions, please feel free to contact me at (571) 305-6740 or email dcsa.quantico.dcsa-hq.mbx.foia@mail.mil. Please reference control number DCSA-Q 020-063

Sincerely,


Stephanie J. Courtney
Chief, DCSA Freedom of Information and
Privacy Office, Headquarters

Enclosures:
As stated

<p>Standard Form 86 AUGUST 1964 U.S. CIVIL SERVICE COMMISSION (F.P.M. CHAPTER 736) 84-107</p> <p>SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION</p>				CASE SERIAL NO. (CSC use only)													
<p>INSTRUCTIONS.—Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.</p>																	
<p>1. FULL NAME <i>(Initials and abridgements of full name are not acceptable. If no middle name, show "(NMM)"; if initials only, show "(no given or middle name)"</i></p>		(LAST NAME) <input checked="" type="checkbox"/> Montgomery	(FIRST NAME) <input type="checkbox"/> Hugh	(MIDDLE NAME) <input type="checkbox"/> (NMM)	2. DATE OF BIRTH												
		<p>OTHER NAMES USED. (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)</p>			3. PLACE OF BIRTH												
					4. <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE												
		5. HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR												
<p>6. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED</p>		<p>7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. <i>(Give same information regarding all previous marriages and divorces.)</i></p>															
<p>8. DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)</p> <table border="1"> <tr> <td>FROM</td> <td>TO</td> <td>NUMBER AND STREET</td> <td>CITY</td> <td>STATE</td> </tr> </table>						FROM	TO	NUMBER AND STREET	CITY	STATE							
FROM	TO	NUMBER AND STREET	CITY	STATE													
<p>NO CHANGE FROM PREVIOUS SUBMISSION.</p>																	
<p>9.</p> <table border="1"> <tr> <td colspan="2"> <input type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> CERT. NO.</td> <td>ALIEN REGISTRATION NO.</td> <td>DATE, PLACE, AND COURT</td> </tr> <tr> <td colspan="2"></td> <td>PETITION NO.</td> <td></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> DERIVED-PARENTS CERT. NO(S). <input type="checkbox"/> ALIEN <input type="checkbox"/> REGISTRATION NO.</td> <td>NATIVE COUNTRY</td> <td>DATE AND PORT OF ENTRY</td> </tr> </table>						<input type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> CERT. NO.		ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT			PETITION NO.		<input type="checkbox"/> DERIVED-PARENTS CERT. NO(S). <input type="checkbox"/> ALIEN <input type="checkbox"/> REGISTRATION NO.		NATIVE COUNTRY	DATE AND PORT OF ENTRY
<input type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> CERT. NO.		ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT														
		PETITION NO.															
<input type="checkbox"/> DERIVED-PARENTS CERT. NO(S). <input type="checkbox"/> ALIEN <input type="checkbox"/> REGISTRATION NO.		NATIVE COUNTRY	DATE AND PORT OF ENTRY														
<p>10. EDUCATION. (All schools above elementary.)</p> <table border="1"> <thead> <tr> <th>NAME OF SCHOOL</th> <th>ADDRESS</th> <th>FROM (Year)</th> <th>TO (Year)</th> <th>DEGREES</th> </tr> </thead> </table>						NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES							
NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES													
<p>161-20814-1</p>																	
<p>11. THIS SPACE FOR FBI USE. (See also item 29.)</p>		<p>12. SOCIAL SECURITY NUMBER</p>															
<p>13. MILITARY SERVICE (Past or present)</p>																	
<p>SERIAL NO. <i>(If none, give grade or rating at separation)</i></p>		<p>BRANCH OF SERVICE <i>(Army, Navy, Air Force, etc.)</i></p>		FROM (Yr.)	TO (Yr.)												

11. THIS SPACE FOR FBI USE (See also item 28.)

12. SOCIAL SECURITY NUMBER

13. MILITARY SERVICE (Past or present)

SERIAL NO.
(If none, give grade or rating
at separation) (Army)

FMA # 1377753-000, 161-AQ-20819, sect 1, serial 1, FDPS RSS. 18-288

18

26a. REFERENCES. (Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)

NAME IN FULL

HOME ADDRESS

BUSINESS ADDRESS

YEARS KNOWN

26b. CLOSE PERSONAL ASSOCIATES. (Name three persons, such as friends, schoolmates or colleagues, who know you well.)

NAME IN FULL

HOME ADDRESS

BUSINESS ADDRESS

YEARS KNOWN

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? YES NO. (If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. (Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)

29. REPORT OF INFORMATION DEVELOPED. (This space reserved for FBI use.)

DATE:

Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form
is punishable by law.

9 MAY 1988
(DATE)


(SIGNATURE—Sign original and first carbon copy)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the proposed appointment in the other spaces for appointment data. The original and the first carbon copy should be signed by the applicant or appointee. Submit the original and the unsigned carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C., 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT <input type="checkbox"/> EXCEPTED <input type="checkbox"/> COMPETITIVE. (Include indefinite and temporary types of competitive appointments.)	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:	
THIS IS A SENSITIVE POSITION (SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)			

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? YES NO.
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. (List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

FROM	TO	NAME OF EMPLOYER (Firm or agency) AND SUPERVISOR (Full name, if known)	ADDRESS (Where employed)	TYPE OF WORK	REASON FOR LEAVING
------	----	---	-----------------------------	--------------	--------------------

NO CHAnge from previous subm~~i~~ssion

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? YES NO.

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? YES NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY?
(You may omit: (1) Traffic violations for which you paid a fine of \$30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) YES NO.

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE	CHARGE	PLACE	LAW ENFORCEMENT AUTHORITY	ACTION TAKEN
------	--------	-------	---------------------------	--------------

NO CHANGE.

NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? YES NO.
(Give details in item 28.)

20. PLACES VISITED (SINCE 1930). (Exclusive of military service.)

COUNTRY	DATE LEFT U.S.A.	DATE RETURNED U.S.A.	PURPOSE
---------	------------------	----------------------	---------

Austria, Switzerland

Italy, France May 1987 June 1987 Official
travel to include participation in Vienna UN Drug Conference.

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? YES NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP, IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL	ADDRESS	FROM	TO	OFFICE HELD
--------------	---------	------	----	-------------

24. MEMBERSHIP IN OTHER ORGANIZATIONS. (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.) (If none, so state.)

NAME IN FULL	ADDRESS	TYPE	FROM	TO	OFFICE HELD
--------------	---------	------	------	----	-------------

25. RELATIVES. (Parents, spouse, divorced spouse; children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)

RELATION	NAME IN FULL	YEAR OF BIRTH	ADDRESS	COUNTRY OF BIRTH	PRESENT CITIZENSHIP
----------	--------------	---------------	---------	------------------	---------------------

Standard Form 86

AUGUST 1964
U.S. CIVIL SERVICE COMMISSION
(F.P.M. CHAPTER 736)
86-107SECURITY INVESTIGATION DATA
FOR SENSITIVE POSITION

CASE SERIAL NO. (CSC use only)

INSTRUCTIONS. Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.

1. FULL NAME <small>(Initials and abridgements of full name are not acceptable. If no middle name, show "(NMM)". If initials only, show "(no given or middle name)".</small>	<small>LAST NAME</small> Montgomery	<small>(FIRST NAME)</small> Hugh	<small>(MIDDLE NAME)</small> (NMM)	2. DATE OF BIRTH 29 Nov 1923
OTHER NAMES USED. (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.)				3. PLACE OF BIRTH Springfield, MASS
None				4. MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
				5. HEIGHT 6'0" WEIGHT 190 COLOR EYES blue COLOR HAIR brown

6. <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED	7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. (Give same information regarding all previous marriages and divorces.)
	(b) (6), (b) (7)(C) Married: 20 June 1948, Windsor Locks, Connecticut Vienna, Austria.

8. DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing address, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)

FROM	TO	NUMBER AND STREET	CITY	STATE
1979	present	1502 Highwood Drive	Arlington, VA 22207	WMFO RT
1953 -	1979	Various overseas assignments for CIA		
1948	1953	36 Gorham Street	Cambridge, MASS.	
1946	1948	Harvard University	Cambridge, MASS.	
1942	1946	Military service overseas w/OSS		
1937	1942	42 Eln Street	Windsor Locks, CT	06096

Aus' Suit ITALFRAN

9.	<input checked="" type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED	ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT
<input checked="" type="checkbox"/> U.S. CITIZEN	CERT. NO.	PETITION NO.	
<input type="checkbox"/> DERIVED-PARENTS CERT. NO(S).			
<input type="checkbox"/> ALIEN	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY

10. EDUCATION. (All schools above elementary.)

NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES
Loomis School	Windsor, Connecticut	1937	1941	-
Harvard College	Cambridge, MA	1941	1947	AB
Harvard University	" "	1947	1948	AM
Harvard University	" "	1948	1952	PhD

11. THIS SPACE FOR FBI USE. (See also item 29.)

12. SOCIAL SECURITY NUMBER
(b) (6), (b) (7)(C)

13. MILITARY SERVICE (Past or present)			
SERIAL NO. (If none, give grade or rating at separation)	BRANCH OF SERVICE (Army, Navy, Air Force, etc.)	FROM (Yr.)	TO (Yr.)
0 962 444	Army	1942	1975 (?)

22

26a. REFERENCES. (Name three persons, not relatives or employers, who are aware of your qualifications and fitness.)

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
(b) (6), (b) (7)(C)		USUNI, New York	many
		none	30
		unknown	NY

26b. CLOSE PERSONAL ASSOCIATES. (Name three persons, such as friends, schoolmates or colleagues, who know you well.)

NAME IN FULL	HOME ADDRESS	BUSINESS ADDRESS	YEARS KNOWN
	ARINGTON, VA 22207		

all are in CIA, names cannot be divulged

27. TO YOUR KNOWLEDGE, HAVE YOU EVER BEEN THE SUBJECT OF A FULL FIELD OR BACKGROUND PERSONAL INVESTIGATION BY ANY AGENCY OF THE FEDERAL GOVERNMENT? YES NO (If your answer is "Yes," show in item 28, (1) the name of the investigating agency (2) the approximate date of investigation, and (3) the level of security clearance granted, if known.)

28. SPACE FOR CONTINUING ANSWERS TO OTHER QUESTIONS. (Show item numbers to which answers apply. Attach a separate sheet if there is not enough space here.)

CIA, dates unknown, clearances include TOP SECRET, various CODEWORD, Q Clearance and COSMIC, plus others which cannot be cited here.

29. REPORT OF INFORMATION DEVELOPED. (This space reserved for FBI use.)

DATE:

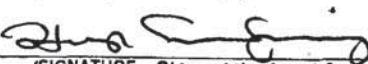
Before signing this form check back over it to make sure you have answered all questions fully and correctly.

CERTIFICATION

I CERTIFY that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

False statement on this form
is punishable by law.

23 May 1986
(DATE)


(SIGNATURE—Sign original and first carbon copy)

INFORMATION TO BE FURNISHED BY AGENCY

INSTRUCTIONS TO AGENCY: See Federal Personnel Manual Chapter 736 and FPM Supplement 296-31, Appendix A, for details on when this form is required and how it is used. If this is a request for investigation before appointment, insert "APPL" in the space for Date of Appointment and show information about the proposed appointment in the other spaces for appointment data. The original and the first carbon copy should be signed by the applicant or appointee. Submit the original and the unsigned carbon copy of the form, Standard Form 87 (Fingerprint Chart), and any investigative information about the person received on voucher forms or otherwise, to the United States Civil Service Commission, Bureau of Personnel Investigations, Washington, D.C. 20415. If this is a request for full field security investigation, submit these forms to the attention of the Division of Reimbursable Investigations; if this is a request for preappointment national agency checks, submit these forms to the attention of the Control Section.

RETAIN THE CARBON COPY OF STANDARD FORM 86 (SIGNED BY THE APPLICANT OR APPOINTEE) FOR YOUR FILES

DATE OF APPOINTMENT	TYPE OF APPOINTMENT	CIVIL SERVICE REGULATION NUMBER OR OTHER APPOINTMENT AUTHORITY	TITLE OF POSITION AND GRADE OR SALARY
	<input type="checkbox"/> EXCEPTED <input checked="" type="checkbox"/> COMPETITIVE. (Include indefinite and temporary types of competitive appointments.)		
DEPARTMENT OR AGENCY	DUTY STATION	SEND RESULTS OF PREAPPOINTMENT CHECK TO:	
THIS IS A SENSITIVE POSITION			
(SIGNATURE AND TITLE OF AUTHORIZED AGENCY OFFICIAL)			

14. HAVE YOU EVER BEEN DISCHARGED FROM THE ARMED FORCES UNDER OTHER THAN HONORABLE CONDITIONS? YES NO
(If answer is "Yes," give details in item 28.)

15. EMPLOYMENT. (List ALL employment dates starting with your present employment. Give both month and year for all dates. Show ALL dates and addresses when unemployed. Give name under which employed if different from name now used.)

FROM	TO	NAME OF EMPLOYER (Firm or agency) AND SUPERVISOR (Full name, if known)	ADDRESS (Where employed)	TYPE OF WORK	REASON FOR LEAVING
1985	1985	Dept of State	Wash, DC	Ambassador	WMFO
1985	1985	CIA	" "	classified return to St	
1981	1985	Dept of State	" "	Director of	
				Bureau of Intelligence	
				and Research go to CIA	
1953	1981	CIA	various	classified go to State	

16. HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM EMPLOYMENT FOR ANY REASON? YES NO

17. HAVE YOU EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? YES NO.
(If your answer to 16 or 17 above is "Yes" give details in item 28. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with the statements made in item 15—EMPLOYMENT.)

18. HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR QUESTIONING, OR CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? (You may omit: (1) Traffic violations for which you paid a fine of \$30 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.) YES NO

IF YOUR ANSWER IS "YES," GIVE FULL DETAILS BELOW:

DATE CHARGE

PLACE

LAW ENFORCEMENT AUTHORITY

ACTION TAKEN

1983 (?) speeding Arlington, VA ? fine by mail of

19. HAVE YOU EVER
(If your answer is "yes," give details in item 28.) NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? YES NO

20. FOREIGN COUNTRIES VISITED (SINCE 1930). (Exclusive of military service.)

COUNTRY

DATE LEFT U.S.A.

14

DATE RETURNED U.S.A.

PURPOSE

b7E Per FBI

Innumerable countries in connection with official U.S. government assignments.

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? YES NO

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

NAME IN FULL

ADDRESS

FROM

TO

OFFICE HELD

None

24. MEMBERSHIP IN OTHER ORGANIZATIONS. (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.) (If none, so state.)

NAME IN FULL

ADDRESS

TYPE

FROM

TO

OFFICE HELD

None

b7E Per FBI

25. RELATIVES. (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)

RELATION

NAME IN FULL

YEAR OF BIRTH

ADDRESS

COUNTRY OF BIRTH

PRESENT CITIZENSHIP

father

(b) (6), (b) (7)(C)

(deceased)

USA

mother

(b) (6), (b) (7)(C)

(deceased)

USA

brother

(b) (6), (b) (7)(C)

USA

wife

(b) (6), (b) (7)(C)

USA

son

(b) (6), (b) (7)(C)

Austria

daughter

(b) (6), (b) (7)(C)

Germany

USA

USA

USA

USA

25

THE WHITE HOUSE

WASHINGTON

May 19, 1988

MEMORANDUM FOR [REDACTED] F.B.I.
FROM: [REDACTED] (b) (6), (b) (7)(C)
SUBJECT: HUGH MONTGOMERY

b6 Per FBI
b7C

The following information was received telephonically yesterday from Ambassador Montgomery's office, as an addendum to his SF-86:

#25 - Relatives	DOB	POB
Father, (b) (6), (b) (7)(C)		Windsor Locks, Ct.
Mother (b) (6), (b) (7)(C)		Springfield, Mass.
Brother, (b) (6), (b) (7)(C)		Springfield, Mass.
Son (b) (6), (b) (7)(C)		Berlin, Germany
Daughter (b) (6), (b) (7)(C)		Berlin, Germany

*They go strictly by (b) (6), (b) (7)(C)

#26, a

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

#26, b Ambassador Montgomery has stated on his SF-86, and his secretary has reiterated to me also, that the Ambassador's close personal friends are all with the CIA and their names cannot be divulged.

WNFO

(b) (6), (b) (7)(C) has recently died, but his widow can serve in this capacity, at the same telephone no.

Thank you.

26

SUPPLEMENT TO SF-86
(Attach additional pages if necessary)

1. Please furnish the names and addresses of all corporations, firms or other business enterprises, partnerships, nonprofit organizations, and educational or other institutions with which you are presently associated or have been associated during the past five years either as officer, director, trustee, sole owner, partner or stockholder with controlling interest.

None.

2. Have you ever been a candidate for Federal, state or local elected office, or a treasurer or other officer of a political committee? Were there any complaints lodged with the Federal Election Commission or state or local election authorities against you or your political committee? If so, please explain.

No.

3. Do you maintain any residence other than your permanent residence; e.g., vacation home? If so, please furnish address.

No.

4. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please give full details.

No.

(over)

27

5. To your knowledge have your activities or those of any of your business enterprises, or associates in those enterprises, ever been the subject of criminal investigation, or a civil enforcement investigation or proceeding? If so, please give full details.

NO.

6. Have you ever been a party in any civil court action? If so, please give full details.

NO.

I understand that the information being provided on this supplement to the SF-86 is to be considered part of the original SF-86 dated 9 May 1988 and a false statement on this form is punishable by law.

Signed



Standard Form 86 AUGUST 1964 U.S. CIVIL SERVICE COMMISSION (F.P.M. CHAPTER 736) 54-107		SECURITY INVESTIGATION DATA FOR SENSITIVE POSITION		CASE SERIAL NO. (CSC use only)	
INSTRUCTIONS. —Prepare in triplicate, using a typewriter. Fill in all items. If the answer is "No" or "None," so state. If more space is needed for any item, continue under item 28.					
1. FULL NAME (Initials and abbreviations of full name are not acceptable. If no middle name, show "(NMN)"; if initials only, show "(no given or middle name)"	(LAST NAME) <i>Montgomery</i> (FIRST NAME) <i>Hugh</i> (MIDDLE NAME) <i>(NMN)</i>	2. DATE OF BIRTH <i>11-29-23</i>			
	OTHER NAMES USED. (Maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc. Specify which, and show dates used.) <i>Civil Army</i>	3. PLACE OF BIRTH <i>Springfield MA</i>			
4. <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	5. HEIGHT WEIGHT COLOR EYES COLOR HAIR				
6. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW(ER) <input type="checkbox"/> DIVORCED	7. IF MARRIED, WIDOWED, OR DIVORCED, GIVE FULL NAME AND DATE AND PLACE OF BIRTH OF SPOUSE OR FORMER SPOUSE. INCLUDE WIFE'S MAIDEN NAME. GIVE DATE AND PLACE OF MARRIAGE OR DIVORCE. (Give same information regarding all previous marriages and divorces.)				
8. DATES AND PLACES OF RESIDENCE. (If actual places of residence differ from the mailing addresses, furnish and identify both. Begin with present and go back to January 1, 1937. Continue under item 28 on other side if necessary.)					
FROM	TO	NUMBER AND STREET		CITY	STATE
NO CHANGE FROM PREVIOUS SUBMISSION.					
9. <input type="checkbox"/> U.S. CITIZEN <input type="checkbox"/> ALIEN	<input type="checkbox"/> BY BIRTH <input type="checkbox"/> NATURALIZED	ALIEN REGISTRATION NO.	DATE, PLACE, AND COURT		
	CERT. NO.	PETITION NO.			
	<input type="checkbox"/> DERIVED-PARENTS CERT. NO(S).				
	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY		
10. EDUCATION. (All schools above elementary.)					
NAME OF SCHOOL	ADDRESS	FROM (Year)	TO (Year)	DEGREES	
11. THIS SPACE FOR FBI USE. (See also item 29.)					
12. SOCIAL SECURITY NUMBER (b) (6), (b) (7)(C)					
13. MILITARY SERVICE (Past or present)					
SERIAL NO. (If none, give grade or rating at separation)	BRANCH OF SERVICE (Army, Navy, Air Force, etc.)	FROM (Yr.)	TO (Yr.)		

DCSA (OPM) [REDACTED] Direct [REDACTED]
FOIA #1377753-000, 1101-NQ-20819, sect. 1, serial 1, FDRs pgs. 42-43

19. HAVE YOU EVER HAD A NERVOUS BREAKDOWN OR HAVE YOU EVER HAD MEDICAL TREATMENT FOR A MENTAL CONDITION? YES NO.
(If your answer is "Yes," give details in item 28.)

20. FOREIGN COUNTRIES VISITED (SINCE 1930). (Exclusive of military service.)

<u>COUNTRY</u>	<u>DATE LEFT U.S.A.</u>	<u>DATE RETURNED U.S.A.</u>	<u>PURPOSE</u>
----------------	-------------------------	-----------------------------	----------------

HQ

Innumerable countries in connection with official U.S. government assignments.

21. ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF THE COMMUNIST PARTY, U.S.A., OR ANY COMMUNIST OR FASCIST ORGANIZATION? YES NO.

22. ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR DOMESTIC ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP, OR COMBINATION OF PERSONS WHICH IS TOTALITARIAN, FASCIST, COMMUNIST, OR SUBVERSIVE, OR WHICH HAS ADOPTED, OR SHOWS, A POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS? YES NO.

23. IF YOUR ANSWER TO QUESTION 21 OR 22 ABOVE IS "YES," STATE THE NAMES OF ALL SUCH ORGANIZATIONS, ASSOCIATIONS, MOVEMENTS, GROUPS, OR COMBINATIONS OF PERSONS AND DATES OF MEMBERSHIP. IN ITEM 28 OR ON A SEPARATE SHEET TO BE ATTACHED TO AND MADE A PART OF THIS FORM, GIVE COMPLETE DETAILS OF YOUR ACTIVITIES THEREIN AND MAKE ANY EXPLANATION YOU DESIRE REGARDING YOUR MEMBERSHIP OR ACTIVITIES.

<u>NAME IN FULL</u>	<u>ADDRESS</u>	<u>FROM</u>	<u>TO</u>	<u>OFFICE HELD</u>
---------------------	----------------	-------------	-----------	--------------------

None

24. MEMBERSHIP IN OTHER ORGANIZATIONS. (List all organizations in which you are now a member or have been a member, except those which show religious or political affiliations.) (If none, so state.)

<u>NAME IN FULL</u>	<u>ADDRESS</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>OFFICE HELD</u>
---------------------	----------------	-------------	-------------	-----------	--------------------

None

5/26
peam

b7E Per FBI

25. RELATIVES. (Parents, spouse, divorced spouse, children, brothers, and sisters, living or dead. Name of spouse should include maiden name and any other names by previous marriage. If person is dead, state "dead" after relationship and furnish information for other columns as of time of death.)

<u>RELATION</u>	<u>NAME IN FULL</u>	<u>YEAR OF BIRTH</u>	<u>ADDRESS</u>	<u>COUNTRY OF BIRTH</u>	<u>PRESENT CITIZENSHIP</u>
father	(b) (6), (b) (7)(C)	(Deceased)		USA	USA
mother	(b) (6), (b) (7)(C)	(Deceased)		USA	USA
brother	(b) (6), (b) (7)(C)			MA, USA	USA
wife	(b) (6), (b) (7)(C)			Austria	USA
son	(b) (6), (b) (7)(C)			Germany	USA
daughter	(b) (6), (b) (7)(C)			Germany	USA

X UNABLE TO IDENTIFY WITH ARREST RECORD
ON BASIS OF INFORMATION FURNISHED.

FBI IDENTIFICATION DIVISION

JUN 1 1988

(cont. on memo.)

H3